U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

1. File Number U. 15055

Supplied the Control of the Control

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

2. Fiscal Year Covered From:

1 / 1 / 2004 Through: 12 / 31 / 2004

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	AUG 22 Mars
F	READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name JAMES K MARTIAL	Name SOUTHERN NEVADA LABORERS LOCAL 872
	Labor Organization File Number 00/0/3
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 4201 E. BONANZA ROAD, SUITE 101	Street 4201 E. BONANZA ROAD, SUITE 101
City LAS VEGAS	City LAS VEGAS
State Nevada ZIP Code + 4 89110-6101	State Nevada ZIP Code + 4 89110 - 6101
5. Position in labor organization. BUSINESS AGENT, EXECUTIVE BOA	ARD
Enter appropriate data below if, during the past fiscal year, you or your spo (except as specified in the exclu	ouse or minor child directly or indirectly had any of the following interests usions set forth in the instructions):
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	1
Street	7.b. Amount,
City ;	
State ZIP Code + 4	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the
Signed James - K Martial	On 8-15-05 702 332 10 34 Date Telephone Number
Form LM-30 (2003)	Page 1 of 6

Name of Person Filing JAMES MARTIAL	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	a. Labor Organization b. Trust c. Employer		
	11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any:	The reduce of sour dealing.		
P.O. Box, Bldg., Room No., if any			
Street :	11.b. Approximate dollar value of such dealing.		
City ZIP Code + 4	12.a. Nature of interest held or income received.		
	12,b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 02/13/04 PAID DIRECTLY TO THE IFEBP NEW ORLEANS		
Name SOUTHERN NEVADA LABORERS LOCAL 872 H&W	CONFERENCE & HOTEL DEPOSIT.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 526 S. TONOPAH DRIVE, SUITE 200			
City LAS VEGAS			
State Nevada ZIP Code + 4 89106	: : : : : : : : : : : : : : : : : : :		
13.b. Is the Business an Employer \ or Consultant ?	14.b. Amount of payment. \$544		

Name of Person F	ilina .тамв	S MARTTAL

File Number **U**-

Part C Continuation Page

Tarto continuation rago			
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name SOUTHERN NEVADA LABORERS LOCAL 872 H&W	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP HAWAII CONFERENCE AND HOTEL DEPOSIT,		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 526 S. TONOPAH DRIVE, SUITE 200			
City LAS VEGAS			
State Nevada ZIP Code + 4 89106	or the second se		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$563		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A	02/13/04 PAID DIRECTLY TO THE IFEBP NEW ORLEANS CONFERENCE & HOTEL DEPOSIT.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	* A Company		
Street 526 S. TONOPAH DRIVE, SUITE 200	manufacture.		
City LAS VEGAS			
State Nevada ZIP Code + 4 89106			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$620		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP HAWAII		
Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A	CONFERENCE AND HOTEL DEPOSIT.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 526 S. TONOPAH DRIVE, SUITE 200	The state of the s		
City LAS VEGAS	*		
State Nevada ZIP Code + 4 89106			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$642		

Name of Person Filing ரு	AMES MARTIAL		File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including	14.a. Nature of payment.		
trade name, if any).	09/01/04 ADVANCE FOR NEW ORLEANS CONFERENCE.		
Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION A			
Trade Name, if any:	THE TAX OF		
P.O. Box, Bldg., Room No., if any	TOTAL STATE OF THE		
Street 526 S. TONOPAH DRIVE, SUITE 200	The Work		
City LAS VEGAS	TO THE STATE OF TH		
State Nevada ZIP Code + 4 89106			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$600		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION B	02/13/04 PAID DIRECTLY TO THE IFEBP NEW ORLEANS CONFERENCE & HOTEL DEPOSIT.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 526 S. TONOPAH DRIVE, SUITE 200			
City LAS VEGAS			
State Nevada ZIP Code + 4 89106	**************************************		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$25		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP HAWAII		
Name SOUTHERN NEVADA LABORERS LOCAL 872 PENSION B	CONFERENCE AND HOTEL DEPOSIT.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 526 S. TONOPAH DRIVE, SUITE 200			
City LAS VEGAS			
State Nevada ZIP Code + 4 89106			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment. \$26		

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Name of Person Filing	TAMBO MADOTAL	

File Number U-

Part C Continuation Page

		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name SOUTHERN NEVADA LABORERS LOCAL 872 VACATION	02/13/04 PAID DIRECTLY TO THE IFEBP NEW ORLEANS CONFERENCE & HOTEL DEPOSIT.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	The William Control of the Control o	
Street 526 S. TONOPAH DRIVE, SUITE 200	To the second se	
City LAS VEGAS		
State Nevada ZIP Code + 4 89106		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$38	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name SOUTHERN NEVADA LABORERS LOCAL 872 VACATION	10/19/04 PAID DIRECTLY TO THE IFEBP HAWAII CONFERENCE AND HOTEL DEPOSIT.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 526 S. TONOPAH DRIVE, SUITE 200		
City LAS VEGAS		
State Nevada ZIP Code + 4 89106		
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$39	
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any	
13.a, Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 02/13/04 PAID DIRECTLY TO THE IFEBP NEW ORLEANS	
Name SOUTHERN NEVADA LABORERS LOCAL 872 TRAINING	CONFERENCE & HOTEL DEPOSIT.	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street 526 S. TONOPAH DRIVE, SUITE 200		
City LAS VEGAS		
State Nevada ZIP Code + 4 89106		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment. \$38	

Name of Person Filing JAMES MARTIAL	File Number U-

Part C Continuation Page

C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment. 10/19/04 PAID DIRECTLY TO THE IFEBP HAWAII CONFERENCE AND HOTEL DEPOSIT.		
Name SOUTHERN NEVADA LABORERS LOCAL 872 TRAINING			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 526 S. TONOPAH DRIVE, SUITE 200	A Antonios Contractor		
City LAS VEGAS	To see the second secon		
State Nevada ZIP Code + 4 89106	**************************************		
13.b. Is the Business an Employer [X] or Consultant 7	14.b. Amount of payment. \$39		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name LABORERS' HEALTH & SAFETY FUND OF N. AMERICA	07/12/04 DINNER AT TRI-FUND CONFERENCE.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street 905 16TH STREET, NW			
City WASHINGTON	s Andrews		
State District of Columbia ZIP Code + 4 20006-1765			
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment. \$40		
C. Received from any employer (other than an employer covered under parts A payment of money or other thing of value.	and B above) or from any labor relations consultant to an employer any		
13.a, Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name Name	The department of the second o		
Trade Name, if any:	AC TO THE PARTY OF		
P.O. Box, Bldg., Room No., if any			
Street			
City	To the Control of Cont		
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14,b. Amount of payment.		

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